

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/576,981 Conf. #8112
	Filing Date	March 2, 2007
	First Named Inventor	Martin L. Ashdown
	Art Unit	1648
	Examiner Name	Z. Lucas
Attorney Docket Number		2202530.124/GTI-012

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

23483

OR

☐ Firm or
Individual Name

Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>M. L. Ashdown</i>		
Name	MARIA LUISA ASHDOWN		
Date	17 November 2008	Telephone	613 8412 7007

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.